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DATE: March 2, 2006

TO: United States Patent and Trademark Office
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FAX NO. 571-273-8300

FROM: Joshua S. Broitman

RE: Ser. No. 10/710,713 – Group 2856 – Ex. ROGERS, David
Our Ref.: B-03-1405

NUMBER OF PAGES (INCL. THIS SHEET): 14. IF YOU DID NOT
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MESSAGE:

Please acknowledge receipt of the following:

- (1) Transmittal Letter with Certificate of Facsimile Transmission dated March 2, 2006 – 2 pages.
- (2) Response to Restriction Requirement mailed February 2, 2006, including Certificate of Facsimile transmission dated March 2, 2006 – 8 pages
- (3) Power of Attorney – 3 pages

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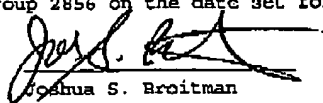
Docket No. B-03-1405

CERTIFICATE OF FACSIMILE TRANSMISSION

The undersigned hereby certifies that this correspondence is being transmitted by facsimile to the Centralized Facsimile Number (571-273-8300), Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, ATTN: Group 2856 on the date set forth below.

March 2, 2006

Date



Joshua S. Breitman

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MAR 02 2006

Applicant(s) : Scott D. Maxwell et al. Group : 2856
 Serial No. : 10/710,713 Examiner : ROGERS, David A.
 Filed : July 29, 2004
 For : HYDRAULIC FLUID DEVICE TEST SYSTEM

Mail Stop AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application is a Preliminary Amendment; X Response to Office Action; X Amendment; X Other (Power of Attorney).

FEE FOR ADDITIONAL CLAIMS

X A fee for additional claims is not required.

 A fee for additional claims is required. The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS	LARGE ENTITY RATE	ADDITIONAL FEE
TOTAL CLAIMS:	3	5 *	= 0	x \$50 =	\$ 0
INDEPENDENT CLAIMS:	33	40 **	= 0	x \$200 =	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$115 =	0
If less than 20, insert 20.				TOTAL FEE DUE	= \$ 0
If less than 3, insert 3.					

 Our check for payment of the additional claims fee is enclosed.
 Please charge \$ to Deposit Account No. 50-3195 in payment of the fee. Triplicate copies of this transmittal letter are enclosed.

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CONDITIONAL PETITION FOR EXTENSION OF TIME:

X It is hereby requested that the following extension of time and fee be applied for this Response pursuant to 37 C.F.R. 1.136(a):

Large Entity: \$120 fee for response within first month;
 \$450 fee within second month; \$1,020 fee within third month.

 Our check for payment of the extension fee is enclosed.
 Please charge the above-indicated extension fee to Deposit Account
No. 50-3195.

X The Commissioner is authorized to charge payment of any additional extension or other fee under 37 CFR 1.16 or 1.17 which may be required by this paper or credit any overpayment of same to Deposit Account No. 50-3195.

Respectfully submitted,

OSTRAGER CHONG FLAHERTY & BROITMAN P.C.
Customer No. 44702
Attorneys for Applicants

Dated: March 2, 2006

By: 

Joshua S. Broitman
Reg. No. 38,006